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TRANSMITTAL SP 0 1 76 FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission First Named Inventor At Unit Examiner Name Attorney Docket Number Total Number of Pages in This Submission Fee Transmittal Form Fee Transmittal Form Fee Attached First Named Inventor Fee Attached First Named Inventor ENCLOSURES (Check all that apply) Fee Transmittal Form Fee Attached First Named Inventor ENCLOSURES (Check all that apply) Fee Transmittal Form Fee Attached First Named Inventor ENCLOSURES (Check all that apply) Fee Transmittal Form Fee Attached First Named Inventor ENCLOSURES (Check all that apply) After Allowance communication to To Toechnology Center (TC) Appeal Communication to Toechn	Paperwork Re	duction Act of 1995, no persons	s are required to respond to a collection Application Number	n of information unles 10/622,662	s it displa	vs a valid OMB control number.	
FIRST Named Inventor Robert V. Hare et al Art Unit Examiner Name Total Number of Pages in This Submission 4 Attorney Docket Number LDC-945 Check all that apply			Filing Date	July 18, 2003			
Examiner Name Examiner Name LDC-945	SEP 0 2 2004 FOF	RM	First Named Inventor	Robert V. Hare et al			
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Amendment/Reply After Final Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Receipt Post Card After Final Appeal Consumers Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Receipt Post Card Maintain Application Ap			,	to 1	rechnolo peal Con	ogy Center (TC) nmunication to Board	
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or the date shown below.	sufficient postage as first cla						
Typed or printed name Wendy L. Gohn							
Signature Wendy H. Holm	Signature	Windy H. Ho	h		Date	August 31, 2004	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION: Robert V. Hare et al

Serial No.: 10/622,662 Art Unit:

Filed: July 18, 2003 Examiner:

For: POLYORGANOSILOXANE DENTAL IMPRESSION MATERIALS

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Extension of Time and Fee Letter

A three (3) month extension of time is requested in the above captioned patent application under 37 CFR 1.136(a). This request is required to maintain continuity for the filing of a concurrently filed continuation-in-part application. A courtesy copy of this request is included in the continuation-in-part application.

Please charge Deposit Account No. 04-0780 the amount of \$950.00 for a three (3) month extension of time in the above captioned patent application due in accordance with 37 CFR 1.17.

Please charge any other fee(s) due on the above captioned patent application, and/or credit any overpayment to Deposit Account No. 04-0780.

This letter is submitted in triplicate.

Respectfully submitted,

Douglas J. Hura

Patent Counsel Reg. No. 33249

August 31, 2004

Address of signer:

DENTSPLY International Inc. P.O. Box 872 570 West College Avenue York, PA 17405-0872 (717) 849-4466